

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 03-MAY-2015		TIME 18:50:00		2. ADDRESS OF OCCURRENCE 2459 N OAK PARK AVE CHICAGO, IL 60707				3. LOCATION CODE 303		4. BEAT/OCCUR 2512									
		5. POSITION 9161		6. LAST NAME GOLDEN		7. FIRST NAME KENNETH M		8. STAR NO 7324		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 511		13. WT. 235			
SUBJECT INFORMATION		14. DATE OF APPT. 03-JAN-2005				15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 025 2512		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
		20. LAST NAME GAMA				21. FIRST NAME MIGUEL				22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. 14-MAY-1987		26. HT 507		27. WT. 280	
REASON FOR USE OF FORCE (Check all that apply)		28. ADDRESS 2520 N NEW ENGLAND AVE CHICAGO, IL 60707				29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
		33. WHERE WAS MEDICAL TREATMENT OBTAINED? WEST SUBURBAN				34. BY WHOM? ER STAFF		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
WEAPON DISCHARGE INCIDENT		36. CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4												37. CB NO. 19108269		IR NO. [REDACTED]					
		38. DNA <input type="checkbox"/>																			
SUBJECT'S ACTIONS		PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT: ASSAULT				ASSAILANT: BATTERY				ASSAILANT: DEADLY FORCE			
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____				FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____				IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____				ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <u>USE BODY/FEET TO KNO</u>				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____				OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER <u>PRESSURE POINTS</u>				ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <u>PRESSURE POINTS</u>				KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____				FIREARM <input type="checkbox"/> OTHER _____			
		WEAPON DISCHARGE INCIDENT		39. DNA <input checked="" type="checkbox"/>												40. ADDITIONAL INFORMATION					
POSITION _____ STAR NO. _____ UNIT _____ 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER _____ 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input checked="" type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial 44. WEATHER CONDITIONS RAIN 45. MAKE/MANUFACTURER _____ 46. MODEL _____ 47. BARREL LENGTH _____ 48. CALIBER/GAUGE _____ 49. TASER DART ID NO. _____ 50. WEAPON SERIAL No. (Include Letters) _____ 51. CHICAGO GUN REG NO _____ 52. IL FIREARM OWNER ID. NO. _____ 53. HANDGUN CERTIFICATE NO. _____ 54. SPECIAL WEAPON CERTIFICATE NO. _____ 55. PROPERTY INVENTORY NO. _____ 56. TYPE OF AMMUNITION USED _____ 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER _____ 58. TOTAL NO. OF SHOTS MEMBER FIRED _____ 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) _____ 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO 61. NO OF CARTRIDGES/SHOT SHELLS RELOADED _____ 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) _____ 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) _____ 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD _____ 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) _____ 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN _____ 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) _____												70. EVENT NO. 1512314094									
CASE INFO.		71. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												72. R.D. NO. HY245847							
		73. REPORTING MEMBER (Print Name) GOLDEN, KENNETH M 03-MAY-2015 20:33:46 STAR/EMPLOYEE NO. 7324 SIGNATURE [REDACTED]												74. REVIEWING SUPERVISOR (Print Name) SULLIVAN, JOSEPH D STAR NO. 2632 SIGNATURE [REDACTED] DATE REVIEWED 03-MAY-2015 20:39:35 TIME [REDACTED]							

LOG # 1074984

Attachment # 17

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Arrestee is currently being treated at West Suburban Hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

In R/Lt's opinion, the officer's actions were both reasonable and necessary to overcome the arrestee's use of force and place him into physical custody.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STOPPA, KENNETH A

SIGNATURE

DATE COMPLETED

TIME

03-MAY-2015 20:48:57

79. TOTAL TRR's THIS EVENT No.

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